## EXHIBIT E

|                              | 1   | Page 1  | of 6               | 9               |   |          |                            | INC  | CIDI     | ENT      | RE         | POF             | रा          | MENT   |            |  | 201            | cr<br>5-0023    | 5240  |          |
|------------------------------|---|---|--------------------|-----------------|---|----------|----------------------------|--|----------|----------|------------|-----------------|-------------|--|------------|--|----------------|-----------------|---|----------|
| +                            | T   | Incident Type   |                    |                 |   | ••••     | i gazare                   |  | ort Ost  |          |            | ort Time        |             | • Frem   | Tima       | From   | Dal            | a To            | (Time To  |          |
| يا                           | ļ   | 22. All Ot  | ner Offen:         | ses             |   |          |                            | 0  | 9/04     | /2015    |            | 23:28           | 3 0         | 9/04/201   |            | 23:28  | 0              | 9/04/201        |   |          |
| FTAIL                        | L   | incident Address<br>439 South   | AVE                |                 |   |          |                            |  |          |          |            |                 |             | Beat   | Camp       | us Gode  |                |                 |   |          |
| ٥                            | _   | Violent Crime Can   | AVE.               | <del></del>     |   |          | ···                        |  |          |          | •          |                 |             | 229  |            |  |                |                 |   |          |
| L                            | 1   | · ·   |                    |                 |   |          |                            |  | •        |          |            |                 |             |  |            |  |                |                 |   |          |
| H                            | _   | Chabala Pin d Ad  | 40 00 0            |                 |   |          |                            |  |          |          |            |                 |             |  | : :        |  |                |                 |   |          |
|                              |   | Statuta - PL 140<br>Description - Cris  |                    |                 |   |          | - Comple                   |  |          | nts - 1  |            |                 |             |  |            |  |                |                 |   |          |
|                              |   | ocation   |                    |                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          |                            | Meapon Weapon                                  |          |          |            |                 |             |  |            |  |                |                 |   |          |
| 1                            |   | Street-47   |                    |                 |   |          |                            |  |          |          |            |                 |             |  |            |  |                |                 |   |          |
|                              | L   | arceny Type   |                    |                 |   |          |                            |  |          | Aggra    | /ated /    | flusea          | Circumsta   | ncer   |            |  |                | Gang Relate     | 1 '   |          |
| 83                           | 8   | lies Type   | ·····              |                 | En                                      | kry Poi  | nt                         |  |          | <u> </u> | ,,         |                 | Math        | od of Entry  |            |  |                | No la           | No<br>of Premises Enter                           | - A      |
| Ş                            |   | No Bias-N   |                    | able-77         |   |          |                            |  |          |          |            |                 |             |  | . 1        |  |                | ["              | ALLANGUET CHE                                     | u wa     |
| OFFENSES                     | 1   | Statute - PL 205.30 AM0 Attempt/Convnit - Completed Counts - 1 Description - Resisting Arrest |                    |                 |   |          |                            |  |          |          |            |                 |             |  |            |  |                |                 |   |          |
| ľ°                           |   | eacubiton · Kei   | isting Arres       | t .             |   |          |                            |  |          |          |            | ·· <u>·</u>     | Weapon      |  |            |  |                |                 | <del>,                                     </del> |          |
| Į                            |   | Street-47   |                    |                 |   |          |                            |  |          |          |            |                 | Assabati    |  |            |  |                |                 |   |          |
|                              |   | arceny Type   |                    |                 |   |          |                            |  |          | Aggrav   | ated A     | ssault (        | Circum      | ices   |            | <del>)                                    </del> |                | Gang Relate     | Computer  |          |
|                              | Ļ   | C-=   |                    |                 |   |          |                            |  |          |          |            |                 |             |  |            |  |                | No              | No  |          |
|                              | Ł   | has Type<br>No Bias-No  | nt Annlies         | shia77          | En                                      | try Pair | પ                          |  |          |          |            |                 | Male        | od of high   |            |  |                | #               | d Premises Enter                                  | red      |
| · 1                          |   | AMEN AND A  | 745 A.S.           | W. 2864         | 1000                                    | 15. EV   | w31.73-9                   | 71. a. 4.                                      | d Hill   |          | <u>C14</u> |                 | 20.         | SHOOS VEST   | Silve      | 50 A Sec. 115                                    | 2x2.132        | \$1999984F4     |   | √_ વર્ષ  |
|                              |   | ctim Type   | Vic                | tim Hame (Last, | First, M                                | iddle)   |                            |  | <u> </u> | <u> </u> | 7          | V               | 202 10      | 33002  | 25,44, 54  | <u> </u>   |                | iwalan sy Dine  | materials.  | - 41 2   |
| Individual-I Algazafi, Dawan |   |   |                    |                 |   |          |                            |  |          |          | + w        |                 |             |  |            |  |                |                 |   |          |
| 3                            | 439 South AVE                             |   |                    |                 | •                                       |          | Oath of Birth Age Sex Race |  |          |          |            |                 | . 1         | Ethnicity<br>N   | I          | ssidence Statu:<br>Lesident                      | 1              |                 |   |          |
| MICOIN                       | _   | ty, State, Zip  |                    |                 |   |          |                            | Motimus of resonantup (Offender Nerne, DOB, R. |          |          |            |                 |             |  |            |  | asidalit       |                 | -   |          |
|                              | Rochester, NY Telephone (Level of Injury) |   |                    |                 |   |          |                            | <u> </u>                                       |          | <u> </u> |            |                 |             |  |            |  |                |                 |   |          |
|                              | 140                                       | whous   |                    |                 |   |          | ωγ<br>ical Inju            | L  |          | 1        |            | pe of Inj       | •           | linor Inju   | 151        | 1 '  | ical Trea      | tmant<br>eated  |   |          |
| ž.                           | <del>.</del>                              |   | 4 - 3              |                 |   |          | Ser inju                   |  | V        | <b>_</b> |            |                 | ario XV     |  | 21 y       | 140  | J. 111         | FALOU           |   |          |
| S                            | _   |   |                    |                 | Repor                                   | g Po     |                            | - Wiu  |          |          |            |                 | nowledge    |  | ot Intervi | ewed   | <del></del>    |                 |   | _        |
| PERSONS                      |   | Type Name (Last. First, Mfddle)   |                    |                 |   |          |                            | Race Eth                                       |          |          | 1d. 412    | Addres          | 3           |  |            | Tetep  | hone No.       |                 |   |          |
| ERS                          | W   |   |                    |                 | A-                                      |          |                            | _  | M        | W        | N          | Roche<br>439 Sa | HOUTH AVE   |  |            |  | _              |                 | 3   |          |
| ٩                            |   |   |                    |                 |   |          |                            |  | HET      | 1        |            | Rocke           | ter, NY     |  |            |  | <del> </del> - |                 |   | $\dashv$ |
|                              | _   |   |                    |                 |   | 7        |                            |  |          | .,       |            |                 |             | 1. 1. 4.   |            |  |                |                 |   | $\dashv$ |
| $\sim 1$                     | _   | e·\$  |                    | Suspect Name (  |   |          | die)                       |  |          |          |            |                 |             |  |            | Nicknan  | iė             |                 |   |          |
| Q. 1                         |   | rrestee   | L                  | Vann, Dav       | viu, c                                  |          | <del></del>                |  |          |          |            | Date of         | Birth       | Age  | Sex        | Race   | Ethnic         | vile            | Maris / JCR #                                     |          |
| Ž,                           |   | dress<br>10 South AVE<br>OCHESTER,  | NY 14621           |                 |   |          |                            |  |          |          |            | 12/             | 18/199      |  | M          | В  |                |                 | 325538  | Ì        |
| 호ㅣ                           | Heig                                      |   | Hair Color         | Hair Lengt      | h                                       |          | Eye Colar                  | Gla  | 3963     | Comple   | kion       |                 | Build       | Fa   | ial Hair   |  | G              | ing Affiliation | <del></del>                                       | ᅦ        |
| 5                            | 5'  | 9 160<br>thing, Jewelry Di  | Black              | Bald            |   | l        | Brown                      |  |          | lOffer   | nder C     | andkon          | Thin        |  | Sarta L    | ars. Marks. Tattoos                              |                |                 |   |          |
| Ŭ,                           | CIOC                                      | and, sewally on   | ensignissiniñ t.ea | 113134          |   |          |                            |  |          | 1 .      |            |                 | Norma       | a)   | JUM'S. N   | 's. Marks. 131200\$                              |                |                 |   |          |
| 3                            | idol                                      | lh <b>ere Maid</b> en Nan   | 10                 |                 |   | 1        | Place of Birth             |  |          |          | •          | <u> </u>        |             |  | School t   | lame / ID#                                       |                | - ·             |   | $\dashv$ |
|                              |   |   | <del></del>        |                 |   |          |                            |  |          |          |            |                 |             |  |            |  |                |                 |   |          |
| j                            | Mad                                       | dus Operandi  |                    |                 |   |          |                            |  |          |          |            |                 |             | · .  |            |  |                | ····            |   |          |
| χl                           | · · · · · · · · · · · · · · · · · · ·     |   |                    |                 |   |          |                            |  |          |          |            |                 |             |  |            |  |                |                 |   |          |
| Ĕ                            | - 1                                       | 1 <del>     </del>  |                    |                 |   |          | an a suspe                 |  |          |          |            |                 |             |  |            |  |                | erandi prese    |   | П        |
|                              |   |   |                    |                 |   |          |                            | ect be identified?                             |          |          |            |                 |             | gnificant physical evidence present?                     |            |  |                |                 |   |          |
| INVESTIGATION                |   |   |                    |                 |   |          |                            | F-4 1  |          |          |            |                 |             | ce tech work been perfomed? Investigation NOT completed? |            |  |                |                 |   |          |
| - 1                          | Cas                                       | se Status   |                    | Ex              | ceptional                               |          |                            |  |          |          | ssigni     | ed Bure         |             | I COMINI   | was y and  | Review B   |                | COMPRESS 1      |   | Ч        |
|                              |   | leared by   | Arrest - A         | dult            |   |          |                            | lia.   |          |          | Patr       |                 | Centra      |  |            | Cent   | ral 4          | th              |   |          |
|                              |   |   |                    |                 |   |          |                            | IBN #  |          | Date     |            | ji              | Conferred E | ∃y   |            |  |                |                 |   | -7       |

|                | Pa  | <b>j</b> • | 2 0      | 6        | ]                 |                   | R          | OC            | HES                  |            |             | LIC     |               |               | ART              | MEI          | T              |        |              | 20     | 15-002    | R#<br>235 | 240                  |
|----------------|---|------------|----------|----------|-------------------|-------------------|------------|---------------|----------------------|------------|-------------|---------|---------------|---------------|------------------|--------------|----------------|--------|--------------|--------|-----------|-----------|----------------------|
|                | lei .                                     | _          |          |          |                   |                   |            |               |                      |            |             |         | • • • • •     |               | 10.4             |              |                |        |              |        | 1, 100 %  |           |                      |
| ш              |   | -          |          |          | AM3<br>d: Reckie  |                   |            |               | i - Comp<br>ai Inlum |            | Cou         | nts - 1 |               | _             |                  |              |                | _      |              |        |           |           |                      |
| ADDT'L OFFENSE | Location                                  |            |          |          |                   | , 0               |            | ,             |                      |            | <del></del> |         |               |               | Waapoo           |              |                |        |              |        |           |           | <del></del>          |
| OFF            | Stre                                      |            |          |          |                   |                   |            |               |                      |            |             |         |               |               | Not              |              | rted           | -88    |              |        |           |           |                      |
| Ļ              | Larcan                                    | у Туј      | *        |          |                   |                   |            |               |                      |            |             | 1       |               |               | Circumsta        |              |                |        |              |        | Cang R    | elated    |                      |
| Ş              | Bus T                                     | /pe        |          |          | i                 |                   | E          | ntry Pu       | ınt                  |            |             | AS      | saur          | on            | LE Of            | od of Ent    |                |        |              |        | Yes       | 18 0      | No<br>Premises Enten |
| _              |   |            | s-No     | t Ap     | plicable          | -77               |            | •             |                      |            |             |         |               |               |                  |              | •              |        |              |        |           |           |                      |
| ;              |   |            |          |          | 15.11.11\bigs     |                   | 3.4        |               | D. Y.,               |            |             |         | : 5.          |               | 388V             |              |                |        |              |        | 120 1 20  | •         |                      |
|                | Victim                                    | • •        |          | ar.l     | Victim M<br>Keste |                   |            | Middle)       |                      |            |             |         |               |               |                  |              |                |        |              |        |           |           |                      |
| 엁              | Addres                                    |            | Office   | -01 -L   | Livesti           | <del>51, 30</del> | nery       |               |                      |            |             | Date    | f Birth       |               | Age              | Sex          | Rac            | •      | Ethnicity    | _      | Residence | Slatus    |                      |
|                | 185                                       | EX         | CHA      | NGE      | BLVD              |                   |            |               |                      |            |             |         |               |               |                  |              |                |        | N            |        | Reside    |           |                      |
|                | City. S                                   |            |          |          |                   |                   |            |               |                      |            |             | Victor  | hnedO         | e Raja        | Rianship (       | Offuncter    | Name,          | DOB. 1 | delationship | )      |           |           | ··                   |
| •              | ROC                                       |            | 2811     | :K, N    | Y 14614           | <u> </u>          | - 4        | tred of fr    | ine                  |            |             |         | Ti.e          | e of In       | lunu             |              |                |        | lates        | Earl 1 | restment. |           |                      |
|                | 1 '                                       |            | 8-11     | 10       |                   |                   | •          |               | us Ph                | vsical     | Iniu        | rv .    |               |               | rent B           | roke         | n Bo           | ne     |              |        | ed and    | Reli      | eased                |
|                |   |            |          |          | . 1 12            | 11,386            | 3 ( ) ( )  | 19 4          |                      |            | (Mag)       | l. ret  |               |               |                  |              |                |        |              |        |           |           | - 100.00             |
| y)             |   |            |          |          | ne (Last, First   | ſ                 | l - Repo   |               | 00016                | W-W        | tness       | PK      | - Pers        |               | Knowledge        |              |                | later  |              | •      |           | £         |                      |
| Ž              | Туре                                      |            |          | Nan      | e (LASI, FRE      | , MAGROUS         |            |               |                      | 008        | Sax         | Race    | Eth           |               |                  | _{           | <b>Witness</b> |        | <u> </u>     |        | <b></b>   | Teleph    | one Ma.              |
| PERSONS        |   |            |          |          |                   |                   |            |               | _                    |            | ┿           | ┼-      |               |               |                  |              | #              | -      | -            |        | ┼         |           |                      |
|                |   |            |          |          |                   |                   |            |               |                      |            |             |         |               |               |                  | T            |                |        |              |        |           |           |                      |
| 1.7<br>1.2     |   | Û          |          |          | ್ಯಾಚ              |                   |            |               |                      | A TV       |             |         | V.            |               |                  | <b>7</b> .   |                |        |              |        |           |           |                      |
|                | Type - Suspect Name (Last, First, Middle) |            |          |          |                   |                   |            |               |                      |            |             |         |               |               |                  |              |                |        |              |        |           |           |                      |
| Address Sex    |   |            |          |          |                   |                   |            |               |                      | Race       | E           | hnicity |               | AORIS / JCR # |                  |              |                |        |              |        |           |           |                      |
| SUSPECT #2     |   |            |          |          |                   |                   |            |               |                      |            |             |         |               |               | - 1              |              |                |        |              |        | •         |           |                      |
| 7              | Height Weight Hair Color Hair Length      |            |          | igth     | Eye Color Glasses |                   |            |               | Con                  | pdan       |             | Bulki   | d Facial Hair |               | Gang Alfiliation |              |                | on.    |              |        |           |           |                      |
| 3              | 0. 11.                                    |            |          |          | in Francisco      | l                 | -          |               | L                    |            | -           |         | er C          | máltac        | <u> </u>         |              |                | cam    | Marks, Tatt  | 000    | <u> </u>  |           |                      |
|                | Clouning                                  | , 164      | auy. un  | cuegorac | ing Features      |                   |            |               |                      |            |             |         | 1             |               | •                |              | ľ              | , i    | Marks. 10tt  | COLIN  |           |           |                      |
|                |   | -          |          |          |                   |                   |            |               |                      |            |             | 1       |               |               |                  | 1,7          | : .            |        |              |        |           |           |                      |
|                | Property                                  | Cod        | e        |          |                   | ľ                 | openy      | Туре          | _                    |            |             |         | Pro           | party V       | /alue            |              | Serial M       | ımber  |              |        |           |           |                      |
| Ž.             | item Tyr                                  | w an       | d Dancri | iolon    |                   |                   |            |               |                      | -          |             |         |               |               |                  |              |                | _      |              |        |           | 10        | alor                 |
| PROPERIT       |   |            | U - JUI  | piioit   |                   |                   |            |               |                      | Ň          |             |         |               |               |                  |              |                |        |              |        |           | ſ         | ,uiu                 |
| X              | Quanity                                   |            |          | Unit of  | Messure           |                   |            | $\overline{}$ | กลากระดำ             | Source     | 4           |         |               |               | Drug Type        |              |                |        |              |        |           |           |                      |
| _              |   |            |          | L        |                   |                   |            |               |                      |            |             |         |               |               |                  |              |                |        |              |        |           |           |                      |
|                | Property                                  | r Cod      | 4        |          |                   | ľ                 | opposity ' |               | •                    |            |             |         | Pro           | perty V       | faltue           | ľ            | Serial (III    | mber   | -            |        |           |           |                      |
| PROPERTY       | Item Ty                                   | e an       | d Descri | ption    |                   |                   |            |               |                      |            |             |         |               |               |                  | 1            |                | ,      |              |        |           | - Id      | alor                 |
| ទី             |   |            |          |          |                   |                   |            |               |                      |            |             |         |               |               |                  |              |                | _      |              |        |           |           |                      |
| £              | Quanity                                   |            |          | Unit of  | Measure           |                   |            |               | Measuren             | nent Sourc | ė           |         |               |               | Orug Type        |              |                |        |              |        |           |           |                      |
| 4              | Fiream                                    | Proc       | erty Co- |          |                   | To To             | ream V     | alue          | L                    | Make       |             |         |               |               | L                | Mod          | al .           |        |              |        |           | 157       | <u> </u>             |
|                | a. H. achilli                             | r iup      | aty cou  | NO       |                   | ľ                 | A SSILLI A | ang a         |                      | Mana       |             |         |               |               |                  | WO           | en             |        |              |        |           | Fiens     | π.                   |
| FIREARM        | Calibar                                   | _          |          | ŀ        | Capacity          |                   | Тура       |               |                      | L          |             | Action  |               |               |                  | <del></del>  | Serial IA      | ınıbar |              |        |           | <u> </u>  |                      |
|                |   |            |          |          | <del></del>       |                   |            |               |                      |            |             |         |               |               |                  |              |                |        |              |        |           |           |                      |
| ٠,             | Descript                                  | ion        |          |          |                   |                   |            | _             |                      |            | _           |         |               |               |                  |              |                |        |              |        |           | F         | tecovery Cate        |
| _              | Vehicle                                   | State      | 3        |          |                   | 7421              | ,          | Make          |                      |            |             |         | Mac           | igi .         |                  |              |                | - 1    | ityla        |        | ····      | -         | olur                 |
|                |   |            | ,        |          |                   |                   |            |               |                      |            |             |         |               |               |                  |              |                | ľ      |              |        |           | ľ         |                      |
| 5              | State                                     |            | Pista N  | lumber   |                   |                   | V#1#       |               |                      |            |             |         |               |               |                  |              |                |        | Recover      | y Dal  | 8         |           |                      |
| VEHICLE        | 115                                       | -1.5       |          |          |                   |                   |            |               |                      |            |             |         |               |               |                  |              |                |        |              |        |           |           |                      |
| -              | Addition                                  | al De      | acublion | ı        |                   |                   |            |               |                      |            |             |         |               |               |                  |              |                |        |              |        |           |           |                      |
|                | L   |            |          |          |                   |                   |            |               | <del></del> -        |            |             |         |               |               | <del></del>      | <del>.</del> |                |        |              | _      |           |           |                      |
| epo            | nting Offi                                | CBT        |          |          |                   |                   |            |               |                      | IBM 4      | ,           | Oate    |               |               | Reviewed         | Ву           |                |        |              |        |           |           |                      |
| ۸ľ             | TCHE                                      | ELL        | ,        |          |                   | STE               | VEN        |               |                      | 213        | 34          | 09/1    | 5/20          | 15            | COR              | dz29         | 5 ZIN          | AME    | RMAN         | l. D   | ANIEL J   | .19/      | 16/2015 0            |

## Page 3 of 6



## ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

2015-00235240

At the above date and time, I responded to the A and Z market at 439 South Ave. for the report of a male refusing to leave. I responded with (V2) Ofc. Drake and (V3) Ofc. Kester. Upon arrival, I spoke with (V1) (Algazali), an employee of the store, who stated that (A) (Vann) entered the store and wanted to buy beer. (V1) states that he asked (A) for identification to buy the beer and (A) did not have identification. (V1) refused to sell (A) a beer and (V) remained in the location. (V1) stated that (A) was told to leave the location several times, but remained in the store for approximately 45 minutes. (V1) states that (A) became aggressive towards (V1) and (V1) pushed (A) out the back door of the location and locked that door. During this altercation, (V1) suffered an injury to the little finger on (V1)'s left hand, which was later found to be a fracture in that finger. (A) then came back to the front of the location and entered the store again. At this point, (V1) called the 911.

After speaking with (V1) and the officers on scene, I went inside the front door area of the location to speak with (A). I told (A) that he needed to leave the location, just as he had been told by (V1) several times. (A) told me that he did not have to leave the store and argued with no (A) then did walked out the front of the store to the side walk, almost bumping into Ofc. Kester. (A) lide op at the side walk, and turning towards officers and (V1). (A) began to argue with (V1) again and then moved into arrest (A) for trespass. As I began to handcuff (A), (A) refused to keep his tight are behind his back and pulled it away from officers. This action forced officers to bring (A) to the ground for stabilization, where (A) was handcuffed. While going to the ground, (A) fell of the original (Kester). (V2) immediately yelled out that he hurt his leg. I moved (A) off of (V2) and pulled (A) away from (V2). I asked if (V2) was alright and he told me he was not. I then assisted (A) to his feet and walked him over to my patrol vehicle to do a proper search.

As (A) was brought to my patrol vehicle, he immediately builted away from me. (V3) (Drake) ran over to assist me in controlling (A). (A) was told multiple times to get on the ground and would not comply. (A) was thrashing and pulling his body away from oricers. The actions of (A) once again forced (V3) and I to bring (A) to the ground. Once on the ground, (V3) immediately stated that he was hurt and I could see that (V3) was not able to move his right shoulder. I continued attempting to control of (A) while on the ground. (A) continued to roll around on the ground and reached with his hands in the area of his waistband. Based on the training and experience, I know the area of a waist band to be a common place for individuals to common and I did fear that (A) had a weapon on his person.

Several other officers arrive at the scene and I was able to have (A) properly searched and placed in the rear of my patrol vehicle. (A refused to give me any of his personal information, however (V1) stated that (A) lived at 500 South ave. Ofc. Barber was able to speak with the management of 500 South Ave. and it was confirmed that (A) did live at that location. Management did provide Ofc. Barber with copies of (A)'s NYS Licence, Social Security Card and Birth Certificate, confirming the identity of (A).

(V2) was taken by Rural Metro to Highland Hospital for evaluation. (V2) stated that his pain level was an 8 out of 10. It was determined at the hospital that (V2) had a broken right fibula. (V2) was treated for the injury and released.

(V3) was taken by Rural Metro to Rochester General Hospital for evaluation. (V3) stated that he had a pain level of an 8 out of 10. It was determined at the hospital that (V3) had a separated right shoulder. (V3) was treated for the injury and released.

Technician Farbizio (270) did respond to the location. (A) was treated for exposure to O.C. Spray by

| 1 | Reporting Officer | 18M # | Date       | Reviewed By                                    |
|---|-------------------|-------|------------|--|
|   | MITCHELL STEVEN   | 2134  | 09/15/2015 | COR\dz295 ZIMMERMAN, DANIEL J. 9/16/2015 00:55 |

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| Page 4 of 8 |                              | HESTER POLICE DEPARTMENT<br>INCIDENT REPORT             | 2015-00235240             |
|-------------|------------------------------|---|---------------------------|
|             | t the incident of the<br>nt. | e location. Ofc. Kephart and I transporte               | ed (A) to booking without |
|             |                              |   |                           |
|             |                              |   | <b>N.</b>                 |
|             |                              | 16  |                           |
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|             |                              |   |                           |
| ng Officer  | STEVEN                       | 116M # Date Reviewed By 2134 09/15/2015 COR) dr 295/71M |                           |

| Page 5 of 6  |  | INCID                                 | ENT REPO                               |  | 2015-002                               |                                       |
|--|--|---------------------------------------|--|--|--|---------------------------------------|
| Statute - PL 120,05 03 DF2   A   | sth  |                                       | 4 19.79                                |  |  |                                       |
| Description - Assault 2nd: W/Intent Caus   | utemşt/Commit - Com<br>e ini to Officer/Fi | ipleted Col<br>ireman/EMT/N           | mis - 2<br>Iterno                      |  |  |                                       |
| Location   |  |                                       | 14155                                  | Wespon   |  |                                       |
| Street-47  |  |                                       |  | Not Reported-88  |  |                                       |
| Largeny Type   |  |                                       | Aggravated Assaul                      |  | Gang Rala                              | iled Computer                         |
|  |  |                                       | Assault or                             | LE Officer   | No                                     | No                                    |
| No Bias-Not Applicable-77  | Entry Point                                |                                       |  | Method of Entry  |  | # of Promises Ente                    |
| State of the State | <u> </u>                                   |                                       |  | The state of the s |  | 5 5 .                                 |
| Statute - At Description -   | tempt/Commit -                             | Cou                                   | nts -                                  |  |  |                                       |
| Location   |  |                                       |  |  |  |                                       |
| - Control  |  |                                       |  | Wespon   |  |                                       |
| Larceny Type   |  |                                       | Aggraveled Asseult                     | Circumstanae   | Core Orto                              | lad (Computer                         |
|  |  |                                       | 93.310100 703201                       | ~4~41.000000E  | Gang Rele                              | led Computer                          |
| Sias Type  | Entry Point                                |                                       | _L                                     | Method of Entry  |  | # of Pramises Ente                    |
|  | 1.   |                                       |  |  |  |                                       |
|  | 100  | 2.2 4 5                               | are a series of the first              | See Manual Company   | <b>X</b> '                             |                                       |
| Statule - Ali  | lempl/Commit -                             | Cour                                  | rte -                                  |  |  |                                       |
| Description -  |  |                                       |  |  |  |                                       |
| Location   |  | · · · · · · · · · · · · · · · · · · · | ······································ | Weapon   | ······································ |                                       |
|  |  |                                       |  |  |  |                                       |
| Larceny Type   |  |                                       | Aggravated Assault                     | Circumstances  | Gang Refet                             | ed Computer                           |
|  |  | ····                                  |  | · //   |  | i                                     |
| Blas Type  | Entry Point                                |                                       |  | Athough Entry  | Ti-                                    | of Premises Ente                      |
|  | 1  |                                       |  |  |  |                                       |
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| Statute - Atte<br>Description -  | engt/Commit •                              | Coun                                  | is ·                                   |  |  |                                       |
| Location   |  |                                       |  | to:  |  |                                       |
| - LANGETON   |  |                                       |  | Weapon   | · <del></del>                          |                                       |
| Larceny Type   |  |                                       | Là paration de la company              |  |  |                                       |
|  |  |                                       | Appravated Assault                     | Jucumatances   | Gang Relate                            | Computer                              |
| Bias Type  | Entry Point                                |                                       | <u> </u>                               | Shethart of Eatn   |  |                                       |
|  | CHAN CAIN                                  |                                       |  | Method of Entry  | *                                      | of Premises Ente                      |
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| Description -  |  |                                       | <del>-</del>                           |  |  |                                       |
| Location   |  |                                       |  | Weapon   |  | · ·                                   |
| `  | '  |                                       |  | ·  |  |                                       |
| Larceny Type   |  |                                       | Aggravated Assault (                   | ircumstances   | Gang Relate                            | d Competer                            |
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| oilso.   |  |                                       |  | Weapon   | ···                                    |                                       |
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| arceny Type  |  |                                       | Aggravated Assault C                   | licumstances   | Gang Relate                            | d Computer                            |
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| ing Officer  |  | IGM #                                 | 1                                      | Reviewed By  |  |                                       |
| rchell steve   | EN   | 2134                                  | 109/15/2015                            | COR\dz295 ZIMMERM  | AN DANIEL LIC                          | 146/204510                            |

| Page 6 of                                      |                                    | ROCHE                                   | INCI             | DENT         | REPO           | ORT                 |             |               |              |            | CR#<br>015-00235240             |
|--|------------------------------------|---|------------------|--------------|----------------|---------------------|-------------|---------------|--------------|------------|---------------------------------|
| Victira Type                                   | Victim Hame (L                     | aal, First, Middlej                     |                  |              |                |                     | <u> </u>    | <u> </u>      | ننت          |            |                                 |
| Police Office                                  |                                    |   |                  |              |                |                     |             |               |              |            |                                 |
| Address<br>185 EXCHAN                          | IGE BLVD                           |   |                  | Date o       | f Birth        | Age                 | Sex         | Race          | Ethoi        | city<br>N  | Residence Status<br>Resident    |
| City, State, Zip ROCHESTER Telephone           | R, NY 14614                        |   |                  | Victim       | Offender I     | Relationsh          | ip (Offende | w Name. C     | OB. Relatio  |            | resident                        |
| (585)428-111                                   | 0                                  | Physical                                | Injury           |              | An             | of Injury<br>parent | Minor       | ' Injury      | ,            |            | Treatment<br>ated and Released  |
| - regin type                                   | Victim Hame (La<br>IC-S City of Ro | SI, PUBL MIGGIS)                        |                  |              | <u> </u>       | 30 A . A            |             | * ; .         |              | p. 3234    |                                 |
| 185 Exchange                                   | e BLVD                             | · · · · · · · · · · · · · · · · · · ·   |                  | Date of      |                | Age                 | Sex         | Race          | Ethnic       | •          | Residence Status Not Applicable |
| Rochester, N                                   | Y 14614                            |   |                  | Violina/C    | Mender R       | etationship         | (Officeder  | Name, DO      | B. Relation  | ship       |                                 |
| Telephone<br>(585)428-1110                     | 1                                  | Level of Injury<br>Business             | - NA             |              | Type of<br>Bus | inose               | - NA        |               | N            |            | Treatment                       |
| Victine Type                                   | Victim Name (Las                   | t. First, Aliddie)                      | ed ed            | e stop to    | 1              | <b>4</b> -1-1-1     |             |               | V            | -          | 1003 - NA                       |
| Address  |                                    | • |                  | Date of 8    | lkth           | Age                 | Sex         | Race          | Ethnicit     | у          | Residence Status                |
| City. State, Zip                               |                                    |   |                  | Vietim/O     | feadanth       | qirlenoite          | 0           | dame, DOE     | 3. Relations | strip)     |                                 |
| Telephone                                      |                                    | Level of Injury                         |                  |              |                | ijury               |             |               | - 14         | /ledical 1 | restment                        |
| Victim Type                                    | Victim Name (Last                  | First, Middle)                          | Popular programs | F-18-18-1    |                |                     | 18 J. W     | લે કુંએક      | Algeb Y      | i i i      |                                 |
| City, State, Zip Telephone Victim Typa Address | <u> </u>                           |   |                  | 120          | (th            | Age                 | Sex         | Race          | Ethnicity    | ,          | Residence Status                |
| City. State. Zip                               |                                    |   | -C               | Actim/Off    | ender Reh      | alionship           | (Offender H | lame, DQB     | Relational   | híp)       |                                 |
| Telephone                                      |                                    | Level of this                           |                  |              | Type of Ir     | ijury               |             |               | M            | edical T   | <b>७.स.</b> अस्ता.              |
|  | <del></del>                        |   | 10 10 10         | لب           |                |                     |             |               |              |            |                                 |
| Victim Type                                    | Victim Name (Last.)                | tert. Middle)                           | •                | <del></del>  | · · ·          | ··                  | ·           | - <del></del> | . 3 %        |            |                                 |
| Address  |                                    |   |                  | Cate of Sin  | ih             | Aga                 | Sex         | Rece          | Ethnicity    |            | Residence Status                |
| City. State. Zip                               |                                    |   |                  | Victim/Offe  | nder Relai     | tionship (          | Ofender Na  | ame, 008      | Relationshi  | <u></u>    |                                 |
| Telephone                                      |                                    | Level of Injury                         |                  |              | Type of In     | Jury .              |             |               | Ale          | dical To   | eatment                         |
| Victim Type                                    | Victori Name (Last. )              | rst. Nidde)                             |                  |              | ·              | :_                  |             |               | L            | ·          |                                 |
| dd:ess   |                                    |   |                  | Date of Birt | ,              | Age                 | Sex         | Raca          | Ethnicity    | 1          | Posidence Status                |
| City, State, Zip                               | <del></del>                        |   | ···-             | Victim/Ofen  | der Relati     | ionship (i          | Mender Ha   | me. DOB, I    | Ralationship | P)         |                                 |
| Telephone                                      |                                    | Level of Injury                         | <del></del>      | 1            | ypa of Inje    | му                  | <del></del> |               | k.lgo        | dical Tre  | al-nent                         |
| ing Officer                                    |                                    |   | IBM H            | Date         |                | Reviewed            | Бу          |               |              |            |                                 |
| CHELL  | STEVI                              | <u>N</u>                                | 2134             | 09/15/2      | 015            | COR                 | dz295       | ZIMME         | RMAN         | v. DA      | NIEL J. 9/16/2015 00:           |